United Nations A/67/337

General Assembly

Distr.: General
27 August 2012

Original: English

Sixty-seventh session
Items 135 and 136 of the provisional agenda*

Human resources management

Joint Inspection Unit

Management of sick leave in the United Nations system

Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the General Assembly the report of the Joint Inspection Unit entitled, "Management of sick leave in the United Nations system" (JIU/REP/2012/2).

* A/67/150.

12-47299 (E) 040912

Please recycle

THE MANAGEMENT OF SICK LEAVE IN THE UNITED NATIONS SYSTEM

Prepared by

Nikolay Chulkov
Gérard Biraud
Yishan Zhang

Joint Inspection Unit

Geneva 2012

Executive Summary

The management of sick leave in the United Nations system JIU/REP/2012/2

This system-wide report reviews the manner in which international organizations record, manage and report sick leave and proposes improvements that will enable the United Nations system organizations to clarify, improve and harmonize system-wide, the rules and regulations pertaining to sick leave, prevent abuse and more importantly, fulfil their duty of care with regard to the health and safety of staff.

One objective of a viable sick leave policy is to take into account the fact that staff are the organizations' most precious asset. A pro-active policy would enable the employer organizations to know what is happening with their staff. Furthermore, one study estimated that a one per cent increase in absenteeism is equivalent to a one per cent increase in salary costs.[1] This underscores the need to enforce, through proper management, the existing rules and regulations on sick leave (especially uncertified sick leave) and other leave entitlements.

It is not possible to state with certainty the cost of sick leave for United Nations system organizations as the majority do not collect statistics on sick leave, and even among those which do, they are not comparable due to different methodologies used, and many do not include indirect costs in their calculations. Some organizations also confirmed that sick leave data is not recorded for all staff members: one records data for its international staff, but not for the remaining 80 per cent of its staff; while others do not include sick leave taken by temporary staff, consultants and independent contractors in their statistics.

With the decision of the members of the Chief Executives Board (CEB) to adopt an Occupational Safety and Health (OSH) policy[2] for their respective organizations, and the corresponding paradigm shift where emphasis is placed on prevention rather than the cure,[3] the duly created occupational health services will be required to focus on the medical aspects relating to sick leave, including the compilation of relevant statistics and analyses. They should not be **managing** sick leave.

The report recommends that managers and supervisors be formally trained on how to respond to the needs of staff members who have medical issues (including mental health issues) that may impact their performance and lead to significant absences, and sometimes require adjustments to work schedules. As such, executive heads are requested to design and implement a return to work policy for those staff members who were on extended sick leave absence.

[1] UNOG, Report on sick leave, 2008 and 2009.

[2] Healthcare and its management in the United Nations system (CEB/2009/HLCM/32).

[3] CEB/2010/3, para. 77.

The report concludes that maintaining a healthy working environment is *sine qua non* for reducing absenteeism (sick leave). Thus organizations and entities are requested to consider incorporating health and productivity management modules into the workplace.

Recommendation for consideration by the legislative bodies

Recommendation 5

The legislative bodies of United Nations system organizations should require executive heads to provide them with comprehensive annual or biennial reports on sick leave, including statistical and financial data, and measures taken by the organization to reduce sick leave absenteeism.

Recommendation for consideration by the Chief Executives Board

Recommendation 6

The High-Level Committee on Management of the Chief Executives Board should, through its finance and budget and human resources networks, develop a methodology to calculate the burden of disease/illness within the organizations.

Contents

		Paragraphs	Page
	Executive Summary		3
	Abbreviations		6
I.	Introduction	1–13	8
	Background	1–4	8
	Scope	5–6	8
	Methodology	7–13	9
II.	Sick Leave	14–22	9
III.	Management of sick leave	23–74	13
	A. Recording	23–26	13
	B. Monitoring	27–29	14
	(i) Staff members	30–31	14
	(ii) Staff in charge of timekeeping and attendance	32–34	15
	(iii) Line managers/Supervisors	35–40	15
	(iv) Medical Services	41–48	17
	(v) Counsellors	49–50	18
	(vi) Human resources	51–56	18
	C. Reporting	57–61	20
	D. Statistics	62–66	21
	E. Cost	67–69	22
	F. Return-to-work policies	70–74	23
IV.	Reducing absenteeism	75–80	26
	A. Flexible working arrangements (FWA)	75–76	26
	B. Health and productivity management (HPM)	77–80	27
Annexes			
I.	Sick leave entitlements		29
II.	Overview of action to be taken by participating organizations on JIU recommendations		30

Abbreviations

CEB	United Nations System Chief Executives Board for Coordination
CTBTO	Comprehensive Test Ban Treaty Organization
DFS	Department of Field Support
DPKO	Department of Peacekeeping Operations
EC	European Commission
ESCWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization of the United Nations
FWA	Flexible working arrangements
HSD	Health Services Department of the World Bank
HPM	Health and productivity management
IAEA	International Atomic Energy Agency
IBE	International Bureau of Education
ICAO	International Civil Aviation Organization
ICSC	International Civil Service Commission
IDB	Inter-American Development Bank
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IMO	International Maritime Organization
IPSAS	International Public Sector Accounting Standards
ITC	International Trade Centre
ITU	International Telecommunication Union
JIU	Joint Inspection Unit of the United Nations system
MSD	Medical Services Division
OECD	Organisation for Economic Co-operation and Development
OIOS	United Nations Office of Internal Oversight Services
OPCW	Organization for the Prohibition of Chemical Weapons
OSH	Occupational safety and health
PAHO	Pan American Health Organization
RTW	Return to work

TOR	Terms of reference
UCSL	Uncertified sick leave
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNHQ	United Nations Headquarters
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNMDWG	United Nations Medical Directors Working Group
UNODC	United Nations Office on Drugs and Crime
UNOG	United Nations Office at Geneva
UNON	United Nations Office at Nairobi
UNOPS	United Nations Office for Project Services
UNOV	United Nations Office at Vienna
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNWTO	World Tourism Organization of the United Nations
UPU	Universal Postal Union
WBG	World Bank Group
WFP	World Food Programme
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WMO	World Meteorological Organization

I. Introduction

Background

1. As part of its programme of work for 2011, the Joint Inspection Unit (JIU) conducted, from February to November 2011, a review entitled "The management of sick leave in the United Nations system", based on an internal JIU proposal supported by eight JIU participating organizations.

2. This system-wide report reviews the manner in which international organizations record, manage and report sick leave with a view to proposing improvements that will enable the United Nations system organizations to clarify, improve and harmonize system-wide, the rules and regulations pertaining to sick leave, prevent abuse and more importantly, fulfil their duty of care with regard to the health and safety of staff.

3. It is not possible to state with certainty the cost of sick leave for United Nations system organizations. This is due to the fact that the majority of United Nations system organizations do not collect statistics on sick leave, and even among those which do, they are not comparable due to different methodologies used, and many do not include indirect costs in their calculations. The Inspectors wish to draw attention to the fact that there is insufficient data on sick leave costs. Furthermore, 23 out of 34 organizations/entities which responded to the questionnaire stated that sick leave was not an issue in their respective organization, notwithstanding the fact that only 10 respondents[4] to the same questionnaire confirmed the possibility of providing statistical reports on sick leave.

4. One objective of a viable sick leave policy is to take into account the fact that staff are the organizations' biggest asset.[5] A pro-active policy would enable the employer organizations to know what is happening with their staff. Furthermore, it is estimated that a one per cent increase in absenteeism is equivalent to a one per cent increase in salary costs.[6] This underscores the need to enforce the existing rules and regulations on sick leave (especially uncertified sick leave) and other leave entitlements.

Scope

5. The report reviews the respective roles and responsibilities that line managers, human resources departments and medical/occupational health services have in the management of sick leave in an organization. In some instances, organizational rules and regulations require their respective medical/occupational health services to add an oversight role in the management of sick leave to their current tasks. While staff are allowed to take sick leave, their absence has an individual and cumulative effect on an organization's effectiveness and efficiency in delivering its mandate.

6. Chapter II of the report focuses on the concept of sick leave and the approval process, while chapter III emphasizes the management aspect of sick leave, and chapter IV offers insight on certain aspects of sick leave management.

[4] EC, ILO, IMO, ITU, OECD, UNESCO, UNOG, UNON, UNOV/UNODC, WBG.

[5] Report of the Secretary-General on the Work of the Organization, A/62/1, para. 4.

[6] UNOG, Report on sick leave, 2008 and 2009.

Methodology

7. In accordance with JIU internal standards and guidelines, the methodology followed in preparing this report included a detailed desk review, questionnaires, interviews and an in-depth analysis.

8. The Inspectors conducted interviews in person and by tele/videoconference, as well as on-site visits to selected international organizations/entities in Brussels, Geneva, The Hague, Nairobi, New York, Paris, Rome, Vienna and Washington, DC. They met with representatives from medical/occupational health services, human resources and finance departments, line managers and counsellors. They also met with selected staff councils. They participated in a brainstorming session on sick leave management with the medical doctors of international organizations based in The Hague, Netherlands, in June 2011.

9. The Inspectors were invited to present their preliminary findings, based on the responses received to the questionnaire, at the annual meeting of the United Nations Medical Directors Working Group (UNMDWG), held in Brindisi, Italy, in October 2011. After the presentation, the participants discussed at length the emerging findings and possible recommendations.

10. Comments on the draft report were sought from all JIU participating organizations in the United Nations system, as well as from a selected group of other international organizations, and were taken into account in finalizing the report.

11. In accordance with article 11.2 of the JIU statute, this report was finalized after consultation among the Inspectors aimed at testing its conclusions and recommendations against the collective wisdom of the Unit.

12. To facilitate the handling of the report, implementation of its recommendations and monitoring thereof, annex 2 contains a table indicating whether the report has been submitted to the organizations concerned for action or for information. The table identifies the recommendations relevant to each organization, and specifies whether they require a decision by the organization's legislative or governing body, or whether they can be acted upon by the organization's executive head.

13. The Inspectors wish to express their appreciation to all those who assisted them in the preparation of this report, in particular the persons who participated in the interviews, responded to the questionnaire, and so willingly shared their knowledge and expertise.

II. Sick leave

14. The United Nations grants sick leave, with pay, to staff members "who are unable to perform their duties by reason of illness or injury or whose attendance at work is prevented by public health requirements [...]. All sick leave must be approved on behalf of, and under conditions established by, the Secretary-General."[7] The International Labour Organization (ILO) defines sick leave as an entitlement "aimed to provide income protection to staff members who, due to sickness or accident, are medically unable to perform their official duties, so that they can

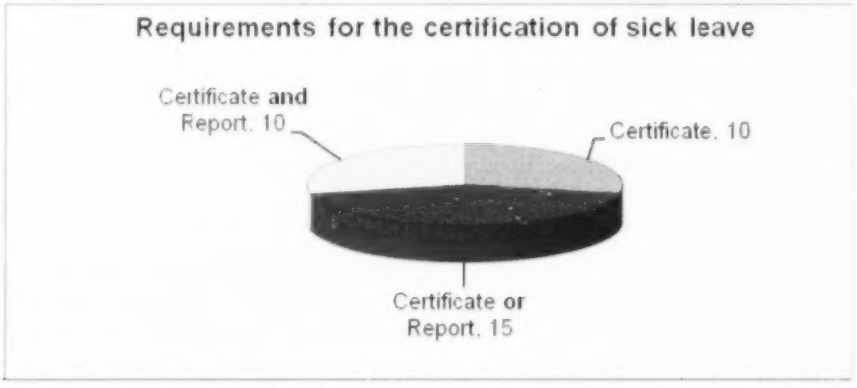
[7] Staff Rules and Staff Regulations of the United Nations (ST/SGB/2011/1), rule 6.2.

address their health needs and seek early medical care."[8] The International Civil Service Commission (ICSC) recognizes sick leave and states that the limits on sick leave entitlements vary according to the organization and appointment status of the staff member.[9] See Annex 1 for sick leave entitlements in selected organizations.

15. However, some argue that sick leave is not a leave entitlement as it is only granted if a staff member is incapacitated and upon submission by he/she of appropriate medical certification.[10] Being that as it may, sick leave, for the purposes of this review, is considered as an entitlement to a benefit if certain conditions are met. It is an entitlement as a statutory right and becomes a social benefit when utilized.

16. For sick leave to be validated and approved as such, staffs are required by their respective organizations to submit a medical certificate or a medical report or both to their immediate supervisor/leave recording clerk and medical service or to the latter only while informing the former as the case may be (see figure 1 below). A medical certificate contains **no confidential medical information** (e.g. details of diagnosis or treatment), and only indicates that a qualified medical practitioner has consulted with the staff member and has recommended time away from work. A medical report, on the other hand, contains **detailed medical information and should only be seen by medical staff** who are bound by the normal professional provisions related to medical confidentiality.

Figure 1
Requirements for the Certification of Sick Leave in organizations/entities



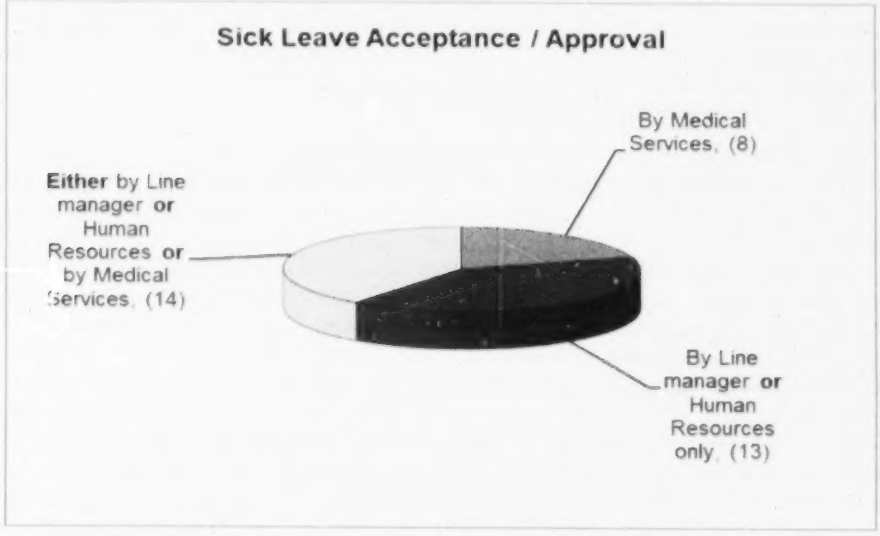
Certificate: **(10/35)** EC, IFAD, ILO, OECD, OPCW, UNOPS, UNRWA, UPU, WB, WMO
Certificate or report: **(15/35)** DPKO/DFS, ESCWA, IAEA, ICAO, IMO, ITU, UNAIDS, UNDP, UNESCO, UNFPA, UNHQ, UNICEF, UNIDO, UNON, WFP
Certificate and report: **(10/35)** CTBTO, FAO, PAHO, UNECA, UNHCR, UNOG, UNOV/UNODC, UNWTO, WHO, WIPO

Figure 2 below shows how many organizations or entities permit the line manager or human resources department to accept/approve sick leave, those that require approval from medical services, and those that require acceptance/approval from

[8] ILO, Office procedure IGDS No. 153 (version 1), 15 July 2010.
[9] See ICSC, *United Nations Common System of Salaries, Allowances and Benefits*, August 2010.
[10] The Provision of Leave (CEB/2007/HR/5), 2 March 2007.

one or the other, depending on the number of sick leave days (3, 10 or 20 working days) requested. The Inspectors are of the view that for statistical, not control or approval purposes, copies of all sick leave certificates and or reports should be submitted to the medical/occupational health services. Without this information, medical/occupational health services cannot present an accurate picture of sick leave absence in the organization.

Figure 2
Sick leave acceptance/approval process in organizations or entities


Sick Leave Acceptance / Approval
By Medical Services, (8)
Either by Line manager or Human Resources or by Medical Services, (14)
By Line manager or Human Resources only, (13)

By line manager or human resource department: (12/35) - CTBTO, EC, FAO, ICAO, IFAD, ILO, ITU, OECD, UNRWA, UNWTO, UPU, WFP

By Medical Services: (8/35) - IMO, OPCW, PAHO, UNAIDS, UNESCO, UNHCR, UNIDO, WHO

By either line manager, human resource department or Medical Services: (15/35) - DPKO/DFS, ESCWA, IAEA, UNDP, UNECA, UNFPA, UNHQ, UNICEF, UNOG, UNON, UNOPS, UNOV/UNODC, WBG, WIPO, WMO

17. The implementation of the recommendation below would enhance controls and compliance.

Recommendation 1

Executive heads of United Nations system organizations should require their staff members to ensure that copies of all sick leave certificates and reports (where applicable) are submitted to their respective medical/occupational health services.

Uncertified sick leave

18. Staff of United Nations system organizations who fall sick for a period of one or two consecutive days may charge their absence as uncertified sick leave (UCSL) without a medical certificate provided that such absences do not exceed seven working days in a calendar year or designated 12-month period. Other international organizations, such as the World Bank, IDB, OECD and EC, have different entitlements, namely five, eight, nine and twelve working days, respectively.[11]

19. A number of organizations allow staff to take leave for family or family emergencies as part of their UCSL entitlement. While some organizations provide guidelines as to what constitutes valid grounds for family and or family emergency leave, many do not. Furthermore, if requested in advance, staff may choose to utilize their full UCSL entitlement for one specific event. However, "UCSL cannot be used as additional annual leave days."[12]

20. **The Inspectors are of the view that by permitting staff to use their UCSL entitlement for "family" reasons, cancels out the "sick" element.** By enlarging the scope of UCSL, the current entitlement is a "misnomer" and any resulting statistics categorized as "sick leave" create a misrepresentation of the amount of absence that is actually attributable to health reasons. To avoid confusion as to when it can be invoked, **the Inspectors are of the view that the current terminology of UCSL needs to be changed** as reasons should be given for leave taken under this entitlement. If staff do not wish to state a reason, they should indicate that the leave is of a "personal" nature. By correctly stating and recording the reasons for absence, and thus strictly complying with the existing UCSL rules and procedures, appropriate supportive and preventive programmes can be properly targeted towards reducing absence due to sickness in the workplace. The United Nations Chief Medical Director informed the Inspectors that since sick leave statistics also include days taken as UCSL for family or family emergencies, the figures do not reflect absences due to sickness only.

21. While annual leave requires prior approval, and certified sick leave is granted on the basis of a medical certificate or report, UCSL does not usually require prior approval. The granting of the UCSL entitlement carries the expectation that staff will exercise discretion and good judgement in absenting themselves from the workplace, and at the same time, eases the administrative burden and minimizes costs.

22. The Inspectors therefore invite the executive heads of United Nations system organizations to consider the following suggestions in order to streamline the application of the UCSL entitlement:

(a) Rename the UCSL entitlement as personal leave, which would include the current family/family emergency entitlement, where applicable. Staff requesting personal leave would not be required to state the reasons for their request;

(b) Shift the family/family emergency leave entitlement from under the UCSL entitlement to a separate leave category;

[11] See Annex 1.

[12] WHO Information Note 34/2010, 7 December 2010, chap. 5

(c) Maintain the current UCSL entitlement but not record it as sick leave for statistical and evaluation purposes.

III. Management of sick leave

A. Recording

23. All the organizations have affirmed that the availability of electronic timekeeping and attendance systems have facilitated the task of monitoring staff absences (including sick leave) and ensuring that staff adhere to staff rules and regulations. With the ongoing implementation of such systems at headquarters and field locations, organizations will benefit from consistent and real-time data, which will enable them to be aware, in real time, of their global absenteeism rate.

24. As staff are required to submit a medical certificate/report in order to be granted sick leave, the information required by the organizations should be considered. There is currently no standard system-wide sick leave certificate form. UNMDWG considered the issue and declined its adoption for various reasons, including, inter alia, specific organizational requirements; forms already created on different ERP systems and reluctance to change/modify them.[13] Nevertheless, the **Inspectors are of the view that the working group should develop guidelines and minimum requirements in terms of information to be provided by the staff member and medical practitioner, so as to facilitate the collection of comparable statistical data on sick leave for future analysis**. Indeed, 20 organizations which responded to the Inspectors' questionnaire supported the use of a standard form.

25. At the 2011 UNMDWG annual meeting, medical directors confirmed to the Inspectors their acceptance of the requirement for medical certificates/reports for all certified sick leave requests, and indicated that such reports should be submitted to the respective medical/occupational health services, if the intention is to collate such information for evaluation purposes. They also agreed to develop guidelines and information requirements for sick leave certificate forms. The medical directors further stressed that administrative procedures should be in place to ensure that confidential medical information is only seen by authorized medical service staff, in accordance with the usual professional restraints for the handling of such sensitive information.

26. Implementation of the following recommendations would enhance sick leave controls and compliance.

Recommendation 2

The United Nations Medical Directors Working Group should establish a set of common information requirements to be included in sick leave certificates and reports.

[13] Minutes of UNMDWG steering committee meeting, February 2010.

Recommendation 3

Executive heads of United Nations system organizations should ensure that sick leave certificates and reports for staff contain the information requirements agreed by the United Nations Medical Directors Working Group.

B. Monitoring

27. A previous JIU note on the administration of sick leave in the United Nations system[14] concluded that the administration of sick leave should be a "shared responsibility" of the medical services and other relevant departments. The Inspectors concur with that finding, but note that if the respective roles are not clearly defined, there is an inherent risk that no one will assume formal responsibility, thus potentially leading to sick leave abuse and mismanagement.

28. To ensure that the above does not occur, organizations must clearly delineate the roles and responsibilities of those concerned, more specifically with regard to the management of sick leave, but also with regard to absenteeism in general. An example of this is the new sick leave policy adopted by ILO in July 2010,[15] in which three different circulars were amalgamated into one policy, which led to a clearer definition of roles for administrative assistants, medical services and leave clerks. ILO claims that this policy has made a significant difference and has brought about the necessary culture change. The role of the medical service is to support staff, not cover them; the Medical Adviser does not certify or authorize sick leave, thereby avoiding a conflict of interest.[16] The first medical opinion (and certificate) is external. The ILO Medical Adviser works with the staff member's attending physician, with recourse to other medical experts rarely, only when the attending physician fails to respond adequately with regard to clarifying the reason for the prescribed sick leave.

29. WHO issued Information Note 34/2010[17] informing staff of their obligations and holding them personally responsible for recording their leave and absences in the Global Management System (GSM),[18] and stating their roles and obligations as well as those of the managers and leave administrators.

(i) Staff members

30. The staff rules and regulations of most United Nations system organizations require staff to certify their time and attendance on a timely basis. This also entails their informing management of their absence from the workplace for medical reasons. If a staff member is not able to return to work on the originally indicated date, it is his/her responsibility to inform the supervisor of the new expected return date. Failure to do so would result in the absence being recorded as an unauthorized

[14] JIU, Note on the administration of sick leave in the United Nations (JIU/NOTE/88/2).

[15] ILO, Office procedure IGDS No. 153 (version 1), 15 July 2010, para. 20.

[16] Ibid., para. 37.

[17] WHO Information Note 34/2010, 7 December 2010.

[18] WHO's Enterprise Resource Planning System.

absence, charged to annual leave, and where applicable, subject to disciplinary measures.

31. For absences to be recorded as sick leave, the onus is on the staff member to observe the reporting procedures and provide management with the required documentation. Sick leave is only granted after it has been approved by management.

(ii) Staff in charge of timekeeping and attendance

32. With the adoption of electronic timekeeping and attendance systems, the task of those in charge of recording time and attendance has become easier, and some would argue, even redundant, as management can see the attendance of staff in real time. However, management has to ensure that staff comply with the staff rules on attendance, and this monitoring responsibility is often delegated to administrative assistants. Staff must be cognizant of this delegated responsibility, and cooperate with the administrative assistants so as to facilitate their task.

33. Some organizations permit staff to send their medical certificates/reports directly to Medical Services for certification/approval. While this process ensures better confidentiality of medical records, it is not the role of Medical Services to ensure that staff submit the required documentation. Rather, it is the role of the administrative assistant in charge of monitoring sick leave to ensure that the required documentation is submitted to Medical Services in a timely manner.

34. Organizations should prepare annual or biennial reports on sick leave and the administrative assistants should play an integral role in the preparation of such reports (see recommendation 5).

(iii) Line managers/Supervisors

35. Line managers and supervisors play a key role in absence management with regard to staff under their direct or indirect supervision, as they are usually the ones who authorize annual leave, and approve the first 10 or 20 days of certified sick leave in a calendar year, unless the organizational rules specify that Medical Services approve all certified sick leave.

36. In cases where the manager approves certified sick leave, he/she does so only after the staff member has submitted a medical certificate from a licensed medical practitioner. The manager should not have access to medical reports; reports are confidential and may only be reviewed by the organization's medical service. Failure to provide a medical certificate would result in the staff member's sick leave being converted to annual leave. Most organizations require that the medical certificate be presented within a specified time period.

37. In instances where the manager has doubts or concerns about a staff member's medical condition he/she may, under current staff rules, request Medical Services to intervene and seek clarification or request a second medical opinion. Medical Services, on its own initiative, can also seek additional information from the staff member concerned upon receipt of the medical certificate, or ask the staff member to come in for an examination. However, Medical Services rarely request an external second opinion, since that requires additional resources. While some organizations do request external second opinions, when required, others do so only when the staff member's department or section is willing to absorb the costs.

38. **The Inspectors are of the view that the ability to question the validity of a medical certificate is a vested right of the organization and acts as a deterrent against the production of fraudulent certificates.** UNESCO staff rules provide for the best practice whereby "during or following any period claimed as sick leave, the Medical Officer or other doctor designated by him or her may investigate such a claim and make leave-appropriate checks."[19] The UNMDWG has approved the use of an internationally recognized reference text[20] as a United Nations system standard for determining reasonable periods of sick leave associated with different medical conditions. Should a period of claimed sick leave exceed the expected norms for a particular medical condition, reasons should be sought to explain why a longer period is needed, before the request would be certified and granted.

39. As international organizations not only grant sick leave benefits, but fund them as well, they must ensure that such benefits are given on valid grounds. Thus staff members must accept that such controls are necessary to ensure compliance and prevent abuse. The European Commission regulations on sick leave are illustrative.[21] Staff on sick leave may:

- At any time be required to undergo a medical examination arranged by the Commission. The purpose of such examination is to ensure that the absence is justified and that the duration of the absence is proportionate to the nature of the illness. Such examination normally takes place at the staff member's home.
- The medical examination is carried out by a physician at the request of Medical Services, acting either on its own initiative or at the request of the staff member's human resources manager.
- The staff member required to undergo such medical examination may be notified by letter, telephone or fax or any other appropriate means. The notification will be sent, as appropriate, to the home address, leave address or place where he/she has been authorized to spend the sick leave.
- If the examination cannot take place for reasons attributable to the staff member concerned, his/her absence will be regarded as unauthorized effective from the date on which the examination was due to take place.

In requesting an external medical practitioner to provide a second opinion, objectivity and independence is assured.

40. Where a sick leave certificate is issued by medical practitioner in the field and where it is not feasible for the staff member to be seen by the organization's medical doctor for a second opinion, management should be able to request an independent medical opinion from a qualified medical practitioner based in the same location as the staff member concerned. To this end, the list of United Nations examining physicians designated by the Medical Services Division (MSD) at headquarters in New York could be among the panel of doctors used.

---

[19] UNESCO Staff Rules and Regulations, rule 106.1(h).

[20] Reed Group, *Medical Disability Advisor*, 6th edition, 2009, approved by the 2011UNMDWG annual meeting, February 2011. See http://www.mdguidelines.com.

[21] Commission Decision of 28 April 2004 introducing implementing provisions on absences as a result of sickness or accident (C(2004) 1597/11) – A.N. 92-2004 of 6 July 2004.

(iv) Medical Services

41. In some organizations, a medical doctor must approve all sick leave requests.[22] While this in itself is not an issue, and is perhaps the optimum method of monitoring sick leave, conflict of interest situations could arise, in particular in organizations where walk-in medical clinics[23] are available for use by staff and where sick leave absences may be authorized. In such instances, the organization's medical doctor will most likely not contest the certification since walk-in clinic doctors are also part of the medical services under his/her supervision.

42. Consequently, some organizations either instruct their medical officers not to issue sick leave certificates, but permit their walk-in clinic (externally contracted) doctors to issue such certificates to their staff,[24] or have in place a medical doctor to monitor sick leave outside of their medical service.[25] In doing so, designated medical doctors can review sick leave certificates on an objective basis as there is no patient-doctor contact.

43. In cases where the size of the organization does not justify an in-house medical doctor to monitor sick leave, such tasks could be outsourced, thereby improving objectivity and also having access to medical practitioners who have the required expertise to review sick leave certificates. In organizations where a medical practitioner is reviewing sick leave certification, he/she could be moved from Medical Service to another service or department. **It does not necessarily entail the creation of an additional position, but rather placing a medical practitioner within the human resources department on a part-time basis.** This should not be an issue in many organizations, as Medical Services are under the human resources department. In fact, several organizations in the same location can use the services of one medical doctor to review sick leave certification, thereby rationalizing costs.

44. In order to avoid any potential conflict of interest, **the executive heads of United Nations system organizations should consider designating within their respective organizations a medical practitioner, de-linked from their respective medical/occupational health services, to monitor and approve (where applicable), sick leave requests.**

45. Medical Services should not be managing sick leave. Rather, they should focus on the medical aspects relating to sick leave, including the compilation of relevant statistics. Indeed, the Office of Internal Oversight Services (OIOS) has on two occasions[26] advised the Department of Management at United Nations Headquarters that sick leave should not be managed by the Medical Services Division (MSD), as "this predominantly administrative function consumes a high percentage of resources for a very small net result".[27] The Inspectors concur with OIOS on this issue and note with regret that the audit recommendations have not been implemented.

---

[22] See Figure 2 above.

[23] A walk-in medical clinic is one which offers health-care services without an appointment.

[24] For example, the International Fund for Agricultural Development (IFAD).

[25] For example, the European Commission.

[26] OIOS, Management audit of attendance and leave systems, 21 February 2000 (AM1999/81/4); and Review of the structure and operations of the United Nations Medical Services Division, 14 November 2003 (AH2002/32/1).

[27] OIOS, Management audit of attendance and leave systems (AM1999/81/4).

46. In August 2009, MSD took steps to improve the management of sick leave by reducing unnecessary reviews/escalations of requests for sick leave and improving the efficiency and effectiveness of the process.[28] While no evaluation of the project has been undertaken post-implementation, and notwithstanding the fact that the process has been streamlined, the Inspectors note that the number of staff involved in sick leave management in MSD, before and after the implementation of the project, remains the same. OIOS identified the need to conduct an evaluation of the project to improve sick leave management.[29]

47. With the decision of the members of the Chief Executives Board (CEB) to adopt an occupational safety and health (OSH) policy for their respective organizations,[30] and the corresponding paradigm shift placing emphasis on prevention rather than the cure,[31] the duly created occupational health services will be required to collaborate in providing information, training and education in relation to occupational health, hygiene and ergonomics.[32] Furthermore, the OSH service will not approve or monitor sick leave. Rather, as is the practice, and in accordance with ILO Convention No. 161 concerning Occupational Health Services, OSH services "shall be informed of occurrences of ill health amongst workers and absence from work for health reasons, in order to be able to identify whether there is any relation between the reasons for ill health or absence and any health hazards which may be present at the workplace. Personnel providing occupational health services shall not be required by the employer to verify the reasons for absence from work."[33]

48. While most medical services in the United Nations system organizations engage in health promotion activities, due to limited resources available for such programmes and a lack of clear support from senior management, the effectiveness of existing programmes is limited. Staff are showing increasing interest in participating in such programmes. For example, when the Medical Services of the United Nations Office at Geneva offered a stress management course in French to eligible staff (approximately 8,000) in Geneva,[34] 1509 persons signed up and 318 actually attended the course modules from January to October 2011. A 2011 JIU report highlighted the benefits and resulting cost savings of health promotion activities.[35]

(v) Counsellors

49. In-house counsellors, including stress counsellors, welfare officers, ombudsmen, etc. who interact with staff on an intimate and confidential basis also play a role in the management of sick leave. While they can often, through their intervention with staff, reduce sick leave absenteeism, more importantly, they can advise management as to the causes of absences due to sick leave. The Inspectors

[28] Implementation of the Medical Sick Leave Case Management Lean Sigma Six Improvement Project.

[29] OIOS, Audit of medical services at headquarters, November 2011(AH2011/512/03).

[30] CEB, Healthcare and its management in the United Nations system (CEB/2009/HLCM/32).

[31] CEB/2010/3, para. 77.

[32] ILO Convention No. 161 concerning Occupational Health Services, art. 5 (i).

[33] Ibid., art. 15.

[34] UNOG provides medical services to its staff as well as to staff of other United Nations offices based in Geneva, including WIPO, WMO, ITC, IBE, UNICEF and ITU.

[35] JIU, "Review of the medical service in the United Nations system" (JIU/REP/2011/1).

interviewed several counsellors at various duty stations who indicated that **a number of sick leave absences were due to conflict in the workplace, including work-life balance issues**. Responses to the questionnaire also supported this view.

50. The Inspectors are cognizant of the roles that "counsellors" play in an occupational health and safety environment.[36] Staff, including management, must be made aware of the roles and responsibilities of those "counsellors" in the context of sick leave management.

(vi) Human resources

51. The human resources department of the organization has the overall responsibility of monitoring staff absences, including sick leave. Consequently, it is the department's duty to inform the staff members of the organization's absence management policies and to keep them up to date on any changes in such policies, rules and regulations. Human resources also assist staff and management with interpreting staff rules and regulations. With organizations being asked to do more with fewer resources, staff are under increasing pressure to meet work-related demands. This also results in staff having to undertake additional responsibilities, and while this may be possible due, in part, to advances in information technology, in most cases staff have not necessarily acquired the required skills or training for the task. This is especially relevant when it comes to managing sick leave.

52. Responses to the question in the Inspectors' questionnaire as to whether there is a need for staff members in the relevant functions to have training in sick leave management indicate that the overwhelming majority is in favour. While a few organizations have looked into such training programmes or have incorporated some elements into current training modules, none has a comprehensive programme in place.

53. An absence management module (including sick leave) should include a section designed specifically for staff to inform them about their leave entitlement and the procedures for requesting leave, who monitors time and attendance, line managers, human resources staff, medical services staff, as well as staff counsellors, welfare officers, ombudsmen, etc. The section should state what its respective roles and responsibilities are and how it interacts with staff in this area.

54. Managers and supervisors need formal training on how to respond to the needs of staff who have medical issues (including mental health issues) that may impact their performance or lead to significant absences, and which sometimes require adjustments to work schedules. Illness related to mental health may require additional flexibility and understanding on the part of the supervisor or manager. Training to increase the awareness and sensitivity of supervisors and managers could lead to early recognition of problems, avoidance of delays in needed interventions, and thereby promote early resolution of problems and improved performance and well-being of the affected staff member.

55. Training in absence management should be included in the above-mentioned module, and more importantly, the resources available to the respective staff categories, when pertinent issues related to absence management arise, should be indicated. For example, ICAO has an Employee Assistance Program, which

[36] Ibid, pp. 27-28.

comprises a counselling service undertaken by a private firm. It is strictly confidential and deals with issues related to mental health and other personal issues which could affect the mental well-being of staff. Some training elements are available online at little or no cost and therefore could be easily incorporated, if management is willing and motivated.

56. The implementation of the recommendation below would enhance accountability and cost savings.

Recommendation 4

The executive heads of United Nations system organizations should, in consultation with their respective human resources department and medical/occupational health services, design and implement an absence management module, in particular absence due to sick leave, for staff with supervisory or managerial responsibilities.

C. Reporting

57. The benefit of analyzing the causes of sick leave and taking remedial action is underscored by a finding at the United Nations Medical Services in Nairobi. After reviewing case files for sick leave of longer than 20 days in 2010, they found that an inordinate number of cases were due to asthma/lung problems. Hence, steps are being taken to educate staff on obtaining premium asthma care.

58. The organizations and entities that provided statistics could only indicate the average number of days taken as sick leave on an individual basis. Only a few provided reports indicating the causes of sick leave. However, the Inspectors note that in the latter case, since medical services receive copies of sick leave certificates or reports only after the initial 20 working days of sick leave in a calendar year, there are no data on the causes of sick leave **during the first 20 working days of the leave**. Consequently, the lack of statistics on the causes of sick leave within an organization prevents it from adopting preventive measures, as required.

59. The Inspectors make reference to an unpublished study by the Health Services Department of the World Bank (HSD) which calculated the total annual cost of the burden of disease (direct + indirect)[37] for seven organizations in 2009.[38] The amount of the burden was not made known to the participating organizations, for although the amount was substantial, it was not considered verifiable. The Inspectors prefer not to disclose the amount here, as it may be construed that such costs are avoidable.

[37] Direct costs include sick leave, medical and pharmaceutical costs; indirect costs include disability, workers compensation, overtime, staff turnover, temporary staffing, administrative costs, replacement training, etc.

[38] The organizations that participated in the study were the International Atomic Energy Agency (IAEA), International Monetary Fund (IMF), United Nations Educational, Scientific and Cultural Organization (UNESCO), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Headquarters (UNHQ), the World Bank Group (WBG) and the World Health Organization (WHO).

60. In reference to the above-mentioned study, the Chief of MSD indicated to the Inspectors that on average, staff of international organizations take less certified sick leave days than their counterparts in the public sector in Western European countries.

61. The study pointed to two main problems regarding the information for estimating the total burden of disease in the participating organizations.[39] First of all, the sick leave data collection process was inconsistent; the counting was not accurate; there were "grey zones" due to different policies for UCSL; and there was no tracking of sick leave by a unified disease identification system (e.g. ICD-10-2010 Edition).[40] Second, it was determined that data on the cost of sick leave management was not systematically collected: some organizations also confirmed that sick leave data is not collected for all categories of staff; one captures sick leave for its international staff only, thus leaving out the remaining 80 per cent of its staff; others do not account for sick leave taken by temporary staff, consultants and independent contractors in their statistics.

D. Statistics

62. While the Inspectors recognize the merits of preparing reports on sick leave absenteeism, the lack of follow up action by the organizations or entities concerned in most cases renders them mere academic exercises that are filed and shelved for posterity. Nevertheless, management of some organizations and entities do act on the findings contained in sick leave reports, as some remedial action can be taken at little or no cost. This includes modification of procedures and policy changes in the management of sick leave,[41] reminders to line managers or timekeeping staff of their responsibilities in this area, organizing health promotion programmes on specific issues, such as substance abuse and stress management, as these issues are some of principal reasons for sick leave absences.[42]

63. The European Commission (EC) prepares and submits a biennial report on sick leave absenteeism to the European Parliament for review.[43] While these reports do not indicate the cost of sick leave absenteeism, they do provide some statistical data (e.g. gender, age) and an analysis of absenteeism trends, and suggest measures for reducing absenteeism. The European Parliament reviews the reports and makes recommendations to be adopted by the EC.[44]

64. Some of the EC's findings and recommendations concerning long-term sick leave are as follows:

- Women have disproportionate sick leave absenteeism rates across all age groups; and the discrepancy is greater when comparing younger women with

[39] World Bank presentation on the United Nations sick leave management study at UNMDWG annual meeting, held in Geneva, Switzerland in October 2010.

[40] WHO International Classification of Diseases, Clinical Modification, 10th Revision, 2010 (ICD-10-2010) is the official system for assigning codes to diagnoses and procedures associated with hospital utilization in the United States. See http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codch=835#).

[41] See for example, Broadcast Message to UNOG staff on sick leave procedures, 17 June 2010.

[42] For example, at the International Maritime Organization.

[43] See http://myintracomm.ec.europa.eu/hr_admin/en/medical/Pages/index.aspx.

[44] The European Parliament's comments and recommendations are not disclosed to the public.

their male counterparts. This has led to the EC looking into the reasons (which include looking after young children and elderly parents) and measures that could be taken to reduce absenteeism.

- There are longer sick leave absence periods for staff approaching retirement.
- Psychological and psychiatric disorders remain the main cause of absences for both men and women.
- The causes of the psychiatric reasons for absence showed that 30 per cent of the cases were work related.

65. Taking into consideration the EC's practice, and in order to reduce absenteeism rates, Member States should review sick leave management in international organizations and be cognizant of the causes of sick leave and supportive of the steps taken by management to reduce absenteeism rates so as to increase productivity.

66. The implementation of the recommendation below will enhance accountability and cost savings.

Recommendation 5

The legislative bodies of United Nations system organizations should require executive heads to provide them with comprehensive annual or biennial reports on sick leave, including statistical and cost data, and measures taken by the organization to reduce sick leave absenteeism.

E. Cost

67. The above-mentioned HSD study illustrates the difficulties of determining and interpreting sick leave costs for organizations. There are a number of methodologies for determining the burden of illness and they need to be reviewed and adapted to United Nations system organizations. Determining sick leave costs on the basis of the number of sick leave days taken and the corresponding loss of salary, as some organizations and entities did in their response to the Inspector's questionnaire, is not an adequate indicator. The methodology adopted should incorporate both direct and indirect costs associated with sick leave.[45]

68. In 2006, United Nations system organizations agreed[46] to adopt and comply with the International Public Sector Accounting Standards (IPSAS), more specifically IPSAS 25,[47] which deals with employee benefits. As such paid sick leave is assigned a financial value. However, the United Nations Task Force on Accounting Standards has not yet agreed on a policy guidance for sick leave.

[45] See footnote 37.

[46] General Assembly resolution 60/283, part IV.

[47] IPSAS 25 prescribes the accounting and disclosure by public sector entities for employee benefits.

69. The implementation of the following recommendation will enhance accountability.

Recommendation 6

The High-Level Committee on Management of the Chief Executives Board should, through its finance and budget and human resources networks, develop a methodology to calculate the burden of disease/illness within the organizations.

F. Return-to-work policies

70. ILO[48] and WHO[49] have both pointed out that in times of financial crises and labour market uncertainty, the granting of paid sick leave benefits should be construed as a long-term investment. Employees need to be assured that their medical conditions will not affect their livelihoods, but more importantly, that employers care about their good health and well-being. Hence, organizations and entities should be cognizant of this "duty of care" that they owe their staff.

71. In this respect, when a staff member is on sick leave for an extended period of time (more than 20 working days for report purposes), the employer should maintain a link with the staff member concerned and facilitate his/her return to work as early as their medical condition may allow. The nature of the medical condition may mean that the staff member cannot resume his/her original functions immediately, thus requiring a modification of work plans, or that he/she can return to work if certain arrangements are made and accepted based on discussions between the staff member and management.[50] This practice is commonly referred to as "return to work" (RTW). While RTW strategies and programmes were initially adopted to reduce workers' compensation costs, they can also improve staff productivity and morale across an organization. In many cases, the ability to return to work as soon as possible after injury or illness plays a key role in the actual recovery process. The longer a staff member is absent for any reason, the more difficult it is to reintegrate him/her into the workplace. A successful RTW requires communication among staff and management as well as health-care providers, as the latter group may not be aware of the work functions of the staff member and type of work available for staff returning from illness or injury. Bearing in mind the different disciplines within an organization are all bound by their own professional confidentiality and the sharing of information can only take place after prior permission from the staff member. Managers should be educated on their role in the reintegration process, including the importance of accepting, where possible, work restrictions and accommodations that may be recommended by health-care providers.

[48] Xenia Scheil-Adlung and Lydia Sandner, "Paid sick leave: Incidence, patterns and expenditure in times of crisis", ESS Paper No. 27 (ILO, October 2010).

[49] Xenia Scheil-Adlung and Lydia Sandner, "The case for paid sick leave", Background paper No. 9, World Health Report (2010).

[50] Examples of RTW include the possibility of working part-time, telecommuting, modifying work duties and schedules.

72. While nine organizations and entities[51] confirmed, in their responses to the Inspectors' questionnaire, that they have an RTW policy, most of the organizations that do not have one stated that it was either under development or consideration. Some organizations suggested that there should be a common system-wide RTW policy. Developing an RTW policy takes time, and chances of successful implementation are enhanced if a third party is involved. The Inspectors would like to highlight the World Bank's experience with RTW, as described in the text box below.

73. The International Civil Service Commission (ICSC) suggested that RTW guidelines be developed by the CEB human resources network, so as to ensure a harmonized approach, and that each organization could further redefine their policies as part of their staff well-being programme. To this end, ICSC referred to the following decision:

> Decision of the Commission[52]
>
> – The Commission decided that its coordinating and regulating role in the area of leave entitlements should be concentrated on ensuring a consistent common system policy with respect to those elements of leave which were essential to maintaining harmonized recruitment incentives, facilitating mobility of staff and ensuring coherent conditions of employment among organizations with similarly situated staff. The areas of concentration would include, but would not be limited to, annual, home and sick leave.
>
> – Taking into account any guidelines established by the ICSC on other leave entitlements, the organizations should have the flexibility to address these issues in the light of recent trends and best practices in work/life balance, healthcare etc. When considering such issues, the organizations should consult with the Chairman of the Commission.
>
> – ICSC urged the organizations to strengthen partnership with the Commission in monitoring best practices and developments in the area of leave entitlements and to share this information with the Commission in a timely manner. For its part, the Commission would continue to keep organizations informed of practices within the common system.

[51] ILO, OECD, OPCW, PAHO, UNESCO, UNON, UNOV/UNODC, WB and WHO.

[52] Report of the International Civil Service Commission for the year 2007 (A/62/30), paras. 57-59.

The World Bank RTW experience

The Occupational Health Unit (OHU) of the Joint Bank Group/Fund Health Services Department (HSD) assists staff members in their return to work (RTW) after an absence (more than 20 consecutive working days) due to medical reasons. This necessitates a close collaboration between the organization, medical providers, and staff member.

HSD works with the World Bank's disability administrator, the REED Group,* human resources, unit managers, legal department, facility management and other departments, when required, in implementing RTW. The involvement of the REED Group ensures independence of decision, confidentiality and no conflict of interest. Medical providers (general practitioners, specialists or independent medical evaluators) are involved in the medical treatment and/or clearance of staff members for return to work.

When the staff member is cleared to return to duties, the need for work accommodation, if required, is discussed between HSD, the REED Group and the medical providers. HSD adopts a proactive approach in this process, recommending a whole range of job and workplace accommodations, including modified duty hours, restricted travel, telecommuting from home, providing transportation to and from the office, ergonomic adjustments of workstations, etc. Once the most appropriate type of accommodation is identified, HSD offers its advice as a recommendation to the unit manager for review. Depending on the business needs of the unit, the unit manager makes a decision whether to accept or decline the adjustments/modifications. If the unit accepts the accommodations, HSD will assist the staff member and the unit to implement the accommodations in the work place. The costs for workplace adjustments are usually covered by the Disability Accommodation Fund, which reduces the financial burden for the staff members' department. If the unit manager cannot meet the recommended accommodations, the staff member remains on short term disability (sick leave) until such time that the accommodations can be adjusted due to an improving medical condition or the units business needs become compatible with the recommended accommodations.

Once the staff member is returned to the workplace with accommodations, these remain in place and are adjusted over time as the staff member's condition improves and he/she is able to resume normal duties. During the accommodation period of a modified work schedule, the REED Group continues to request updated physicians reports from the treating physician and HSD discusses with the unit manager.

Accommodations in the workplace are generally considered to be temporary. In some cases, due to the severity or nature of the illness or injury and depending on the business needs of the unit, accommodations may be in place for the duration of the short term disability program (maximum of 2 years). When a staff member has been accommodated in the workplace, clearance to return to full duties is provided by an

attending physician, the REED Group and HSD. HSD informs the unit manager of the date that the staff member is able to return to full duty.

For example, of the 88 RTW cases in 2010, 38 of them (43 per cent) required work accommodations to facilitate their early return to work, and 92 per cent of recommended accommodations were accepted and applied. There were only three missed opportunities for accommodations, which resulted in 1,022 calendar days of additional absence, and illustrate the cost of not optimizing RTW. HSD is of the view that a proactive management approach is fundamental for the success of the overall management of sick leave and the organization's RTW programme.

Source: The World Bank.

* The REED Group advises clients on various topics, including absence management, leave laws, disability case management and return to work guidelines.

74. The implementation of the recommendation below will enhance efficiency and disseminate best practice.

Recommendation 7

Executive heads of United Nations system organizations should, in consultation with their respective human resources department and medical/occupational health services, design and implement a return-to-work policy for their staff members.

IV. Reducing absenteeism

A. Flexible working arrangements (FWA)

75. Flexible working arrangements (FWA) were initially viewed as an employee benefit, but are now considered to be a powerful tool for effecting organizational change and encouraging work-life balance and increased productivity. Currently four FWAs are available to staff at the United Nations Secretariat:[53]

- Staggered working hours

  Each duty station has a core period during the working day for which staff members are expected to be present. Staff must complete the balance working hours before, after, or partly before or partly after, the core period.

- Compressed working schedule: ten working days in nine

  All working hours during a period of ten working days are compressed into nine working days by distributing the hours on the tenth day among these nine

[53] ST/SGB/2003/4.

days. By doing so, staff members are allowed to have the last day off of the normal work week, every other week.

- Scheduled break for external learning activities

  Staff members wishing to attend learning activities relevant to their professional development may request breaks of up to three hours per day for a maximum of two days per week. The hours taken during a particular week must be made up during that week.

- Work away from the office (telecommuting)

  Staff members may spend up to two days per week working from an alternative work site, provided they have access to the necessary equipment and may be reached by telephone or e-mail.

76. With a well thought-out flexible schedule and responsible employees, employers also stand to benefit. Flexible schedules have been shown to increase morale, loyalty and productivity; enhance recruiting; and decrease occurrences of unscheduled absences. It is also a critical tool for retaining experienced and valued employees, which saves an employer the time and expense of hiring and training replacements.[54] Flex-time can result in employees using less office time for personal reasons, as they will have more flexibility in scheduling appointments. This work schedule can also increase employee productivity because employees can arrange to work during their most productive hours. Another benefit is increased business hours for employers with clients in different time zones. While there are no statistics to confirm that FWA results in lower sick leave absence, the JIU will review this issue in a forthcoming report.

B. Health and productivity management (HPM)

77. The Inspectors highlight that due to insufficient data on sick leave, it is not possible to provide a system-wide analysis of sick leave absenteeism, and/or other direct and indirect costs of illness, including "presenteeism". Presenteeism consists of coming to work while sick and results in a decline in productivity. It also includes employees who "retire on the job" or who have simply given up and do not perform, so that others have to pick up the slack.

78. In direct response to the need for an integrated management of workforce health and wellness, a new model, health and productivity management (HPM), was conceptualized and developed in the United States. HPM reflects the paradigm shift in health care with emphasis placed on managing health and productivity of the workforce in order to improve work performance.[55] It may be defined as "the integrated management of health and injury risks, chronic illness and disability to reduce employees' total health-related costs, including direct medical expenditures, unnecessary absence from work, and lost performance at work".[56]

[54] Source: Interviews with UN Women staff members.

[55] Wolf Kirsten, "Health and Productivity Management — a Future Model for Europe", electronic newsletter, European Network for Workplace Health Promotion, January 2004.

[56] The Institute for Health and Productivity Management (IHPM) — a United States-based global enterprise created in 1997 with the aim of establishing the full value of employee health and maximize its impact on business performance.

79. HPM programmes include, inter alia, the following workplace initiatives:[57]

- Health promotion, including health management or wellness programmes
- Disease management: including screening, care management or case management programmes
- Demand management, including self-care, nurse call-line programmes
- Employee-assistance programmes to address behavioural health,[58] substance abuse or work-related emotional problems
- RTW programmes
- Pharmacy management services

80. **Maintaining a healthy working environment is *sine qua non* for reducing absenteeism due to sick leave, thus the Inspectors advise organizations and entities to consider incorporating HPM modules in the workplace.**

[57] Ron Z. Goetzel and others, "Promising Practices in Employer Health and Productivity Management Efforts: Findings from a Benchmarking Study", *Journal of Occupational and Environmental Medicine*, vol. 49, No. 2 (February 2007), pp. 111-130.

[58] Behavioural health is an interdisciplinary dedicated to promoting a philosophy of health that stresses individual responsibility in the application of behavioural and biomedical science knowledge and techniques to the maintenance of health and prevention of illness and dysfunction by a variety of self-initiated individual and shared activities. See http://www.mondofacto.com/facts/dictionary?behavioural+health.

Annex 1

Sick leave entitlements

	Certified Sick Leave (CSL)			*Uncertified Sick Leave (UCSL)*
Organization/Entity	*Temporary/fixed-term appointment less than 1 year*	*Fixed-term appointment greater than 1 year and less than 3 years (in any period of 12 consecutive months)*	*Continuous/fixed-term appointment greater than 3 years (in any period of 4 consecutive years)*	*In annual cycle*
ESCWA, IFAD, IMO, FAO, OPCW, UNECA, UNHQ, UNOG, UNON, UNOV UNDP, UNFPA, UNICEF, UNOPS, UNHCR , UNOV, UNRWA, UNWTO, UNIDO, WFP, WMO	2 working days/month	FS: 3 months HS: 3 months	FS: 9 months HS: 9 months	7 working days
UNESCO	2 working days/month	FS: 64 working days HS: 64 working days	FS: 192 working days HS: 192 working days	7 working days
WHO, UNAIDS		FS: 6 months in any period of 12 consecutive months 195 days / 9 months max. of CSL and UCSL over 4 years		7 working days
PAHO		FS: 6 months in 12 consecutive months		7 working days
IAEA, ILO, WIPO		FS: 3 months HS: 3 months	FS: 9 months HS: 9 months	7 working days
ITU		FS: 65 working days HS: 65 working days	FS: 9 months HS: 9 months	7 working days
UPU			FS: 9 months HS: 9 months	
World Bank	Sick leave accrual: 120 hours per year and can be carried over			Less than 5 working days Certification not required
OECD	4 months/year Once the 4 month period is exhausted, FS: 6 months maximum HS: subsequent 4 months Some long and costly illnesses: FS: 14 months; 80% salary: 18 months			9 working days
IDB	Paid sick leave up to a maximum of 132 working days per calendar year			8 working days
EC	12 months FS within a 3-year period			12 working days

FS: full salary
HS: half salary

Annex II

Overview of action to be taken by participating organizations on JIU recommendations JIU/REP/2012/2

		Intended impact	United Nations, funds and programmes															Specialized agencies and IAEA												
			CEB	United Nations*	UNCTAD	UNODC/UNOV	UNEP	UN-HABITAT	UNHCR	UNRWA	UNDP	UNFPA	UNICEF	UNAIDS	UN WOMEN	UNOPS	WFP	ILO	FAO	UNESCO	ICAO	WHO	UPU	ITU	WMO	IMO	WIPO	UNIDO	UNWTO	IAEA
Report	For action		☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
	For information		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Recommendation 1		d		E	E	E	E	E		E	E	E	E			E	E		E		E		E	E	E		E		E	E
Recommendation 2		d		E	E	E	E	E	E		E	E	E	E			E	E	E	E		E		E	E		E	E		E
Recommendation 3		d		E	E	E	E	E	E	E	E	E	E	E		E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
Recommendation 4		a		E	E	E	E	E	E	E	E	E	E	E		E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
Recommendation 5		a		L	L	L	L	L	L	L	L	L	L	L		L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Recommendation 6		a	E	E																										
Recommendation 7		g		E	E	E	E	E	E	E	E	E	E	E		E	E		E		E		E	E	E	E	E	E	E	E

Legend: **L:** Recommendation for decision by legislative organ **E:** Recommendation for action by executive head

☐: Recommendation does not require action by this organization

Intended impact:

a: enhanced accountability **b:** dissemination of best practices **c:** enhanced coordination/cooperation **d:** enhanced controls and compliance

e: enhanced effectiveness **f:** significant financial savings **g:** enhanced efficiency **o:** other

* Covers all entities listed in ST/SGB/2002/11, other than UNCTAD, UNODC, UNEP, UN-HABITAT, UNHCR and UNRWA.